

# Boone County Mental Health Court



**\*\* Note that all items in this program guide are subject to change. Please contact the Mental Health Court administrator at (573) 886-4157 with any specific questions.**

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# THIRTEENTH JUDICIAL CIRCUIT MENTAL HEALTH COURT PROGRAM

## **Introduction**

Welcome to the Boone County **MENTAL HEALTH COURT (MHC)**. This handbook is designed to answer questions, address concerns, and provide overall information about the MHC program. As a participant, you will be expected to follow the instructions given to you by the judge, MHC administrator and probation officer as well as to comply with the treatment plan developed for you by an approved treatment provider. This handbook will detail what is expected of you as a MHC participant and review general program information. It is intended to be a standard guide for MHC participants in Boone County. All participants are encouraged to share this handbook with family and friends.

## **Mission Statement**

Our mission is to address the unique needs of individuals diagnosed with mental illness and those with a dual diagnosis of mental illness and substance abuse who are in the criminal justice system. We intend to serve as a bridge between the mental health system and the criminal justice system, for the benefit of both systems and the clients they share.

## **Confidentiality**

Confidentiality is essential to maintain the integrity of group therapy sessions. Nothing that is discussed within the confines of those meetings will leave those meetings. No information pertaining to another client should be discussed outside of group. This confidentiality applies to things said in the courtroom as well. Rule violations, however, should be reported immediately.

You will be required to sign a release of information which allows your treatment provider(s) to give information to the MHC team which includes the judge, prosecuting attorney, public defender, probation officer, treatment providers and all other departments listed. (See the Consent to Release Information Form). Your privacy is respected and the team will make every effort to protect your identity.

## PROGRAM DESCRIPTION

### **Mental Health Courts**

Mental health courts are an innovative alternative to incarceration with emphasis on accountability and intensive monitoring for individuals diagnosed with mental illness who are charged with felonies and superviseable misdemeanor offenses by the State Probation Office. The Boone County Mental Health Court removes defendants from the crowded courtrooms of the traditional criminal justice system and places them in a new type of courtroom environment. In this environment, they undergo treatment and counseling, make regular appearances before the judge, and are monitored closely for program compliance.

While mental health courts may vary statewide in scope, organization, and points of intervention, all share an underlying premise that crime committed by a mentally ill person is not simply a law enforcement or criminal justice problem but a public health problem. Mental health court programs see the court, specifically the judge, as filling a role that goes beyond that of adjudication.

### **Boone County Mental Health Court**

On April 22, 2003, Boone County established a mental health court to serve the special needs of persons diagnosed with mental illness that appear as defendants in criminal cases. This program serves offenders with serious and persistent mental illness, and those with co-occurring disorders (mental illness and substance abuse) who are part of the criminal justice system. The core element of this program is an integrated system approach that can bring together the various agencies within the community to address the offender's needs and to teach the essential skills necessary for changing their behaviors. The offenders will work closely with the court and an assigned treatment team to facilitate positive behavioral changes and program compliance.

## PROGRAM PURPOSE

### **Purpose of the Mental Health Court**

The purpose is to provide easy access and a continuum of care for offenders in Boone County, Missouri, who have been identified as high-need, and as having serious and persistent mental illness and co-occurring disorders, in order to subsequently reduce initial arrests and convictions and recidivism among this population.

The Boone County Adult Mental Health Court (MHC) program is an opportunity for some felony and misdemeanor offenders who have an Axis I diagnosis and who have not been successful in their compliance with treatment.

The four-phase program consists of intensive treatment by mental health professionals, frequent appearances before the MHC judge, mandatory mental health programming, regular visits with the probation officer, substance treatment for those co-occurring substance use disorders, and substance abuse testing. Other treatment modalities may also be used.

The first three phases last a minimum of three months each. Promotion to the next phase occurs when the MHC team determines that the participant has progressed to a point that they are able to accept additional responsibility and accountability. When the defendant has reached appropriate goals to demonstrate progress, and when at least three months has passed, defendants are eligible for promotion.

Upon completion of the first three phases, the client will enter Phase IV, and a minimum of an additional three months in a continued care program is required. The entire program length, which is determined by the participant's progress, will not be less than 12 months. All participants in MHC are supervised by a probation officer and will be required to comply with the rules and requirements of Missouri State probation.

## ELIGIBILITY CRITERIA

**To be eligible to participate in the MHC program, you must have the capacity to manage the structure of MHC:**

- ◆ You must be able to understand all information given to you by the Mental Health Court Program.
- ◆ You must have a current mental health diagnosis of a severe and persistent mental illness (diagnosed conditions will be reviewed on a case-by-case basis)
- ◆ Your charges occurred in Boone County, Missouri

**You may be excluded from applying for the MHC program if you:**

- ◆ Are not a Boone County resident
- ◆ Are currently under probation/parole in another jurisdiction
- ◆ Have been found guilty for any degree of murder, voluntary or involuntary manslaughter;
- ◆ Have been found guilty of any degree of robbery, felony assault, a weapons offense, or armed criminal action
- ◆ Have another pending criminal case for which you would be deemed ineligible
- ◆ Are a “violent offender.” A “violent offender” is a person who is currently charged with or has been convicted of an offense, during the course of which offense or conduct of violence involving the use or attempted use of force against a person with the intent to cause death or serious bodily harm
- ◆ You have caused the death of, or serious bodily injury to any person

**You will be excluded from applying for the MHC program if:**

- ◆ You are currently charged with, have pled guilty to or been found guilty of a felony in which you committed, attempted to commit, conspired to commit, or intended to commit a sex offense

## **Accessing the Mental Health Court Program**

Referrals to the MHC program are given to the mental health court administrator. Referrals can be made for offenders who are residents of Boone County Missouri, who have an Axis I diagnosis and who are non-violent offenders. Class A felonies are not admissible. (The mental health court administrator will confer with the prosecuting attorney).

Following a legal intake and clinical screening, your application for acceptance into the MHC program will be submitted to a staffing team for acceptance or denial. If accepted into the MHC program, your attorney may continue to represent you, in a non-adversarial manner, during your participation in the program.

## **Guilty Plea and Sentencing**

The MHC does not become involved in your plea agreement. All plea agreements will be made prior to your entry into the program by your attorney and the prosecuting attorney's office. All pending criminal cases have to be resolved prior to admission into the MHC program.

## PROGRAM RULES

All MHC participants must abide by the following rules. Each individual is held accountable for their actions and full compliance is necessary to succeed in the program.

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**Do not use or possess any drugs or alcohol.**

This condition is fundamental to successful completion of the program.

Any over-the-counter or prescription medication must be reported to the MHC team for review.

Abuse of prescription drugs will result in a sanction.

**(This also includes ANY synthetic substance: Any substance which is mood/mind altering is prohibited in the program. Such products as K2, Spice or Bath Salts are prohibited and tested for. If you are unsure about the product, contact your MHC judge, MHC administrator or probation officer. (Also see Alternative Sentencing Court Urine Testing Contract)).**

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**I must maintain my residence in Boone County though the length of the program.**

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**I must follow my treatment plan as directed by program personnel.**

I understand that my treatment groups, counseling sessions, probation meetings, court appearances, etc., are not optional. I also understand if I am not attending treatment, I will no longer be eligible for the program.

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**I must not violate the law, and understand that if I engage in any criminal act, I will be prosecuted for the charges pending against me.**

I understand a new misdemeanor can get me discharged from the program but a new felony will automatically terminate me from the program.

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**I must get prior permission from the MHC team before moving, changing my telephone number or disconnecting my telephone.**

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**I must get prior permission from the MHC team before I quit or change my employment.**

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**If restitution is owed, I must pay this amount in full as ordered by the court.**

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**Do not use any medication without prior consent.**

All over-the-counter or prescribed medications must be authorized prior to being taken.

Participants are strictly prohibited from taking over-the-counter medications other than the ones found on the approved medication list provided in this manual. (See Authorized Over the Counter Medication Handout)

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**Do not enter establishments where the primary function is the sale of alcohol or gambling.**



Casinos, grocery store liquor sections, bars or packaged liquor stores are off limits. You may not purchase liquor for any reason.

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**Attend all court sessions as directed by the MHC judge.**

If you are not in court as directed a warrant will be issued for your arrest.

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**Attend all treatment sessions.**

If a participant is unable to attend a scheduled session, he/she must contact the treatment counselor **before** a session is missed. This includes individual and group counseling, educational sessions, and other treatment as directed. Unexcused missed treatment sessions will result in a sanction.

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**Report to your probation officer and/or caseworkers as directed.**

If unable to make an appointment, contact the probation officer and/or caseworker immediately. Participants are **REQUIRED** to bring their calendars to all appointments related to MHC, including classes, appointments with any team member, classes, probation appointments, etc. Calendars should be filled out as far in advance as possible.

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**Be on time to appointments with treatment providers, diversion manager/probation officer, and court.**

If a participant is late, he/she may not be allowed to attend appointment and could be considered non-compliant. Contact your provider if there is a possibility that you may be late.

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**Do not make threats towards other participants or staff or act in a violent manner.**

Violent; dishonest or inappropriate behavior will not be tolerated and will be reported to the court. This may result in termination from the MHC program.

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**Dress appropriately for court, probation, and treatment sessions.**

Clothing bearing drug or alcohol related themes or promoting or advertising alcohol or drug use is considered inappropriate. Sunglasses, hats and bandanas are not to be worn inside the Courthouse, treatment center or probation office. **Also, turn off all cell phones or other electronic devices prior to court appearances, probation meetings or treatment sessions.**

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**Always tell the truth.**

This will take the participant's best effort and truthfulness. Participants who are not truthful will not be allowed to remain in the program.

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**Do not leave the county without permission.**

You **must** get permission from the MHC judge **prior** to leaving Boone County. If you are planning to leave the state, you must get approval from the MHC judge. Once permission is granted you must apply for a travel permit with your probation officer. Travel permits require a 15-day processing period. It is your responsibility to apply for the permit in a timely manner.

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**Turn in all documents one (1) day prior to court appearances.**

In order to receive credit for AA/NA's, payment of fees or community service hours a participant must turn the proper documentation into their probation officer no later than the day prior to their court appearance. In order to receive credit for attending treatment a participant must turn the proper documentation into their caseworker as directed.

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**Submit to urinalysis and/or breath tests as requested.**

You will be tested throughout the entire program for substance abuse and/or medication compliance. The MHC judge or any team member may require a test at any time and will have access to all drug testing results including any "stalls" or failures to produce. Failing to report for a drug test, appearing late to submit to a urine test, and/or altering a specimen will be treated as violations. One of the goals of MHC is to help you achieve total abstinence from alcohol, inappropriately used prescription and/or over the counter medication, and illicit drugs.

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**Report for testing upon contact with law enforcement.**

Report to Employee Screening Services (ESS) (if the office is open), Reality House, or McCambridge Center as soon as possible after contact with law enforcement. Each participant is given a drug testing hotline card with a unique call-in code. Participants are to call the hotline daily, enter their unique call-in code, and enter the first four letters of their last name. After successfully entering the required information, participants will be advised a drug testing sample is scheduled for that day or a sample is not scheduled for that day. When the participant is directed to provide a sample, they will be given from 6:00 a.m. until 10:00 a.m. to submit to testing. ESS provides drug testing collection for all Boone County Treatment Courts.

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**Maintain confidentiality of other MHC participants.**

Treatment cannot succeed unless all participants maintain the confidentiality of other participants and of information disclosed in treatment.

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**MHC participants with substance use disorders are required to disclose their substance use disorder to all health care professional they see for any reason.**

MHC participants should request non-narcotic medications when possible.

Participants who use emergency room/emergency department services are required to get permission in advance if possible. After going to the E.R./E.D., participants are required to provide the MHC team with all documentation relative to the condition for which they were treated. Participants must provide MHC staff with copies of all medical bills, whether related to the E.R./E.D. and/or other health care providers.

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**Participants are required to provide proof of contact with health care professionals, as well as proof that they have disclosed their substance use disorder to their health care professionals.**

(See Physician Release forms provided in this manual).

All medications prescribed **MUST BE APPROVED BY THE MHC BEFORE THEY ARE TAKEN.**

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### **Drug Testing:**

Each participant is given a drug testing hotline card with a unique call-in code. Participants are to call the hotline daily, enter their unique call-in code, and enter the first four letters of their last name. After successfully entering the required information, participants will be advised a drug testing sample is scheduled for that day or a sample is not scheduled for that day. When the participant is directed to provide a sample, they will be given from 6:00 a.m. until 10:00 a.m. to submit to testing. Employee Screening Services (ESS) provides drug testing collection for all Boone County Treatment Courts.

The MHC judge will impose additional sanctions for failing to submit to a test within the time allowed, providing a dilute specimen, or failing to submit to a drug test. A participant will be tested through the entire treatment process. Additional testing may be required at the discretion of the probation office, treatment provider and the court.

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### **Drug Testing Location and Hours**

Employee Screening Services  
607 East Ash Street  
Columbia, MO 65201

Open from 6:00 a.m. to 10:00 a.m. when conducting tests  
  
Drug Testing Hotline: (800) 494-1250

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### **Counseling**

An important aspect of the MHC is participation in counseling. This may include both individual and group sessions. Participation in one or both of these will be at the recommendation of the treatment provider. Attendance at counseling sessions will be reported to the judge as part of a participant's progress report. **Prior permission from the treatment counselor must be obtained in order to be excused from a counseling session.**

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### **Twelve-Step Meetings:**

Attendance may be required at 12-step meetings such as Narcotics Anonymous and Alcoholics Anonymous. Attendance is an important part of the recovery process that helps to familiarize the participant with the 12-step philosophy, and to develop levels of trust to learn and create social bonds with other people in recovery. The treatment team will provide information regarding the time and location of 12-step meetings. The participant must provide proof of attendance to their probation officer prior to each court appearance.

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### **Sponsor**

The participant may be asked to obtain a self-help sponsor. A sponsor is a 12-step group member of the same gender with significant sobriety (at least one year) who assists the participant on a personal level with sobriety, personal problems, working the steps, etc. Ask at a meeting for a temporary sponsor until a permanent one can be obtained.

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### **Personal Journal**

Upon acceptance into MHC, all clients will be expected to keep a journal. The MHC judge will provide each participant with a weekly topic for the journal entry. The purpose of the journal is to provide the judge with each participant's personal perception of mental health court related topics, including personal problems with alcohol and drug dependence, and short-term and long-

term goals. The court will provide a journal to each participant at the first court appearance.  
**The journal must be brought to every court appearance.**

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### **Termination**

An MHC participant can be terminated from the program for the following reasons which include but are not limited to: lack of treatment progress as decided by the treatment team, failure to secure full time employment, failure to pay fees or fines, threats, assaults, new arrests, continued substance use or medical problems that interfere with treatment.

## PROGRAM PHASES

MHC treatment and participation is divided into phases. At the beginning of the program, more treatment opportunities are provided. As in every phase of the program, accountability is expected. As participants progress through phases, they take more personal accountability.

### **Phase One — Three Months Minimum**

1. Report to a probation officer in person at least once a week or as directed by the probation officer.
2. Meet weekly with your community support worker or as directed by your community support worker.
3. Cooperate with the Burrell Behavioral Health (BBH) team or other treatment providers to determine a mental health treatment plan. Remain or become compliant with all mental health treatment directives. This could include daily medication monitoring throughout Phase I. (Your group schedule needs to be turned into your community support worker at the end of each week, to verify you have attended all treatment sessions.)
4. If you have a substance use disorder, participate in dual diagnosis groups as directed.
5. If you have a substance use disorder, participation may be required in recovery meetings.
6. You may be asked to obtain a sponsor within thirty days.
7. You will have a minimum of one home visit per month by your caseworker and/or probation officer.
8. You must comply with taking your prescribed medication, as directed.
9. You must submit to random drug tests including but not limited to urinalysis, and/or BAC tests, as directed by the probation officer or treatment provider. Call the drug testing line daily to learn if you are required to test that day.
10. Attend MHC at least once per week.
11. Attend Moral Reconnection Therapy (MRT), Symptom Management, and Cognitive Self Change (CSC) classes as directed.

## **Phase Two — Three Months Minimum**

1. Report to the probation officer in person at least once a week or as directed by the probation officer.
2. Meet weekly with your community support worker or as directed by your community support worker.
3. Cooperate with your treatment provider to determine a treatment plan. Become and remain compliant with all mental health treatment directives. This could include daily medication monitoring throughout the phase. Your group schedule needs to be turned in to your community support worker at the end of each week, to verify you have attended all treatment sessions.
4. Attend Moral Reconation Therapy (MRT) classes weekly or as directed.
5. If you have a substance use disorder, participate in dual diagnosis group, weekly.
6. If you have a substance use disorder, participation may be required in recovery meetings.
7. You must maintain contact with your sponsor a minimum of once weekly.
8. You will have a minimum of one home visit per month by your caseworker and/or probation officer.
9. You must comply with prescribed medication directions.
10. You must submit to random drug tests including but not limited to urinalysis and/or BAC tests, as directed by your probation officer or treatment provider. Call the drug testing line daily to learn if you are required to test that day.
11. Attend MHC at least once per week.

## **Phase Three — Three Months Minimum**

1. Report to probation officer in person at least once a week or as directed by the probation officer.
2. Meet weekly with your community support worker or as directed by your community support worker.
3. Remain compliant with all mental health directives.
4. If you have a substance use disorder, participation may be required in recovery meetings.
5. Continue to contact your sponsor at least once per week and provide written verification as directed by the probation officer.
6. You may have a minimum of one home visit per month by your caseworker and/or probation officer.
7. Comply with prescribed medication directions.
8. Submit to random drug tests, including but not limited to urinalysis, and/or BAC tests as directed by the MHC team. Call the drug testing line daily to learn if you are required to test that day.
9. Cooperate with your treatment provider to determine a treatment plan. Comply with all mental health treatment directives. This could include daily medication monitoring throughout the phase. Your group schedule needs to be turned into your community support worker at the end of each week, to verify you have attended all treatment sessions.
10. Attend MHC at least two (2) times per month or as directed by the judge.

## **Phase Four — Three Months Minimum**

1. Report to your probation officer in person at least once a week or as directed by the probation officer.
2. Meet weekly with your community support worker or as directed by your community support worker.
3. Cooperate with your treatment provider to determine a treatment plan. Remain or become compliant with all mental health treatment directives. This could include daily medication monitoring throughout the phase. Your group schedule needs to be turned in to your community support worker at the end of each week, to verify you have attended all treatment sessions.
4. If you have a substance use disorder, participation may be required in recovery meetings. Continue to contact your sponsor at least once per week and provide written verification as directed by the probation officer.
5. You may have a minimum of one home visit per month by your caseworker and/or probation officer.
6. Comply with prescribed medication directions.
7. Submit to random drug tests including but not limited to urinalysis, and/or BAC tests as directed by probation officer or treatment provider. Call the drug testing line daily to learn if you are required to test that day.
8. Attend MHC at least two (2) times per month or as directed by the judge.
9. Maintain employment or participate in continuing education as directed.
10. Complete a community service project in consultation with the coordinator and team members.
11. Prepare a statement of goals to present to the judge in advance of graduation.
12. Prepare a detailed relapse prevention plan with the assistance of a substance abuse counselor from MHC.
13. Prepare a before and after statement to be read at graduation.
14. Be current on all fines, court costs, community service work hours, and MHC fees.



## FREQUENTLY ASKED QUESTIONS

### **What if I have a serious medical condition?**

In general, if you have a serious medical condition you will not be excluded from MHC. You must be willing to fully disclose your condition and medical care to the treatment providers and MHC team. Although we can be flexible and work around your condition, you must be able to engage in and complete treatment.

### **May I use prescription medication?**

MHC participants are expected to be drug free, including the unauthorized use of prescription medication. If your doctor prescribes medication, you must bring in the prescription to your probation officer to gain permission from MHC **PRIOR** to filling the script. You will then sign a release so that your probation officer can verify the prescription.

While in MHC, you must use ONE doctor or ONE dentist and ONE pharmacy. We also require that you notify the medical professional if you have an addiction and request non-narcotic pain medications when a prescription is being recommended.

### **What happens once I am in the program?**

You will be required to participate fully in the program to graduate from MHC. This will include compliance with random drug testing, court appearances, making payments, verifying self-help meetings, participating in individual and group therapy, participating in mental health treatment, as well as having ongoing contact with your probation officer and community support worker.

### **What if I want to travel outside of Boone County?**

If you need to travel outside Boone County, you must first gain permission from the MHC judge to leave. As a condition of travel, the judge will require you to submit to a drug test prior to leaving and immediately upon return. Another condition may be that a treatment group not be missed. If a treatment group would be missed, further permission from your treatment provider would be required.

### **How do drug tests work?**

You will be required to provide ongoing random urine samples to monitor your progress. An employee of the same gender at the testing facility will supervise you when you give a specimen. Urinalysis reports are documented and available to the court. Any positive urine screens, tampered samples or refusal to provide a sample will be grounds for sanctions from the judge.

The best rule to follow regarding dilute, late, and what you can and cannot take is simple. Take no medications or herbal supplements, prescribed or over-the-counter, without first obtaining permission from your probation or parole officer. (Refer to Alternative Sentencing Court Urine Testing Contract.)

**What are grounds for termination from MHC?**

This is a voluntary program. You can voluntarily terminate from the program at any time; however, your original sentence may be imposed.

The judge and staffing team can also involuntarily terminate you from the program for non-compliance, new criminal charges, bench warrants, or drug testing problems. Although a relapse is not absolute grounds for termination, a continual inability to meet your treatment goals will result in expulsion. There are several grounds for possible termination. These include but are not limited to:

- ◆ Possession of alcohol, drugs, or paraphernalia at your residence, in your car, or on your person.
- ◆ Attending a treatment group under the influence.
- ◆ Possession of a weapon in your residence, car or on your person.
- ◆ New charges, in particular felony, violent or sexual crimes.
- ◆ Corrupting or negatively influencing another MHC participant.
- ◆ Tampering with a UA sample, using the urine of someone else for your own, or allowing someone else to use your urine for their sample.

**What happens if I'm terminated from MHC?**

If you are terminated from MHC, you will appear before your original sentencing judge for disposition of your charges.

**What are my conditions of probation in MHC?**

The standard conditions of probation in MHC are as follows:

You shall not knowingly associate with persons using or possessing controlled substances and shall not associate with any person(s) the court or probation officer specifically restricts you from associating with.

You shall not work with any police agency on drug cases or cases where you may come into contact with controlled substances. You may voluntarily provide historical information to a police agency regarding your involvement with controlled substances.

Report any change of address and/or phone number to the court and your treatment provider within 48 hours. You must get permission from your probation officer prior to moving.

Any failure of a requirement of the treatment program (including but not limited to positive urinalysis tests, missing treatment, violation of release conditions, commission of a new crime) may result in modification of the treatment program, release conditions, revocations of my release, and/or termination from the program.

You must seek and maintain employment or obtain employment counseling and complete high school or obtain a GED as directed by the court.

Appear in court for any scheduled hearings, regardless of your compliance with the treatment program.

The length of time of participation in the program is a minimum of 12 months, but the court may extend the program to allow you additional time to successfully complete your program requirements.

Appear for all court dates.

Remain in Boone County, except for employment, court, or family visitation purposes and only with the **prior** permission of the MHC judge. Permission must be obtained 5 days prior to leaving.

Commit no law violations.

Report all law enforcement contacts immediately to your probation officer, including ANY contact, even if you are not arrested or cited. You must report for a drug test within one hour of any contact with law enforcement.

You must not use or possess any non-prescribed substance(s) or alcohol. All prescriptions must be shown to your probation officer or treatment personnel immediately upon receipt.

You must not use or possess any substances intended to alter the results of a test of my blood, breath, or urine. All positive, adulterated, or diluted UAs are considered to be positive.

You shall report to and be available for contact with your probation officer, counselor, and treatment provider.

You shall not use, possess, or sell any illegal controlled substances or drug paraphernalia.

You shall obey all geographic restrictions set forth by the MHC judge, MHC administrator, or probation officer.

You are prohibited from possessing a weapon or look-alike weapon or ammunition.

You will consent to interviews in your residence, upon the request of your counselor, treatment provider, or probation officer

You shall not take any health supplements or herbal pills, powders or "remedies."

You may not go to any casino.

You may not enter any establishments wherein the primary source of income is the dispensing of alcoholic beverages (NO BARS, LIQUOR STORES OR TAVERNS).

You must reside in Boone County

You must abide by any and all conditions set by the sentencing court, MHC team, and your probation officer.

If restitution has been ordered in your case, you must make monthly payments to the clerk of the court. Your probation officer will assist you in establishing a payment plan.

## DRESS CODE

There is a specific dress code for all participants in the Boone County MHC, for all court sessions, class sessions, meeting with any team members at any location, including but not limited to the courthouse, probation, your home, or appearing in court before the MHC judge, any related activities, and at all drug testing facilities.

The dress code is as follows:

- ◆ Absolutely no article of clothing will be allowed bearing any alcohol or drug advertisement or message.
- ◆ No sexually explicit clothing is allowed.
- ◆ Shirts and shoes must be worn at all times.
- ◆ No do rags may be worn at any time.
- ◆ No sleeveless shirts/tank tops or backless shirts will be allowed.
- ◆ Shorts and skirts must be the length that they would reach the tips of your fingers while your hands are straight down at your side.
- ◆ Pants must fit properly.
- ◆ Swimsuits are not allowed unless they are fully covered and worn under appropriate clothing.
- ◆ Tops of pants must meet bottoms of shirts (no bare skin).
- ◆ If the MHC judge informs you that you are dressed inappropriately, you will be asked to leave immediately and may not receive credit for attending.

## COURTROOM BEHAVIOR

You are expected to maintain appropriate behavior at all times, while in the courtroom and the courthouse. This includes:

- ◆ No talking in the courtroom.
- ◆ No sleeping in the courtroom.
- ◆ No eating or drinking in the courtroom.
- ◆ No smoking in the courthouse and only in the designated area outside of the courthouse.
- ◆ No gum chewing.
- ◆ Be on time and do not leave during the hearing, except to use the restroom (emergencies only). You are expected to have used the restroom prior to the court session.
- ◆ Beepers and cell phones must be turned off or they will be confiscated.
- ◆ The court session is NOT the appropriate time to speak with any of the team members, unless you have made arrangements to do so prior to the court session. You must call or set up an appointment.
- ◆ Follow the dress code on the previous page. If you come to court from work and your work clothes are soiled, take a change of clothing to work and change clothes before you arrive at court.

## SANCTIONS AND INCENTIVES

### MHC Sanctions

If you fail to comply with the program, the MHC judge, at their discretion, may order one or more of the following therapeutic responses or consequences. You must be accountable for your behavior:

- ◆ Warning from judge
- ◆ Move to end of docket
- ◆ More frequent drug and/or alcohol testing
- ◆ Place on electronic monitoring
- ◆ Additional community service hours
- ◆ Increase reporting to diversion manager/probation officer
- ◆ Increase court appearances
- ◆ Complete the Weekend Relapse Intervention Program
- ◆ Move back to previous phase
- ◆ Spend period of time in Reality House
- ◆ Spend period of time in jail
- ◆ Termination from MHC

### MHC Incentives

In recognition of the need to provide positive support to participants who do well in their court process, the MHC will recognize participant birthdays, special occasions (if known), and specific life events (such as babies born, death in the family, etc.) in a public forum to support participants in their recovery process. Incentives to reward participants for compliance and progress in phases are also available to participants.

When a participant consistently cooperates and participates in the treatment program, the MHC judge may, at their discretion, order one or more of the following:

- ◆ Praise from judge
- ◆ Move to top of docket
- ◆ Decrease court appearances
- ◆ Excuse from attending court
- ◆ Receive gift cards from local businesses
- ◆ Presented with a gift bag during court
- ◆ Draw from the prize jar
- ◆ Enter weekly drawing
- ◆ Progress to next phase
- ◆ Reduction in treatment and probation visits
- ◆ Allowed to travel more frequently
- ◆ Graduation of the program in one year

## DRUG TESTING REPOSSES

All late, dilute, missed, or positive tests will also be considered an indication that a treatment response or modification may be made which might include MRT and/or increased treatment such as relapse prevention class, weekend intervention, day treatment, intensive outpatient treatment, or residential treatment.

### **Dilute, Late, Missed or Positive Tests**

First Sanction.....24 hours jail.

Second Sanction.....3 days incarceration (may be jail or Reality House).

Third Sanction.....Incarceration and/or termination.



## GRADUATION REQUIREMENTS

Upon successful completion of the MHC program you will graduate. In order to graduate, you must accomplish the following:

- ◆ Achieve six months of sobriety from prescription drug abuse, illicit drugs, and/or alcohol
- ◆ Maintain six months of steady employment unless retired, disabled, full-time homemaker, or full-time student
- ◆ Successfully complete all court-ordered treatment
- ◆ Maintain sponsor contact as directed
- ◆ Maintain regular 12-step meeting attendance as directed
- ◆ Complete all specialized probation terms
- ◆ Complete high school diploma or GED classes, unless an exception is determined by the MHC team
- ◆ Pay all fines, restitution and treatment fees

At graduation, your family, friends, employers, counselors, and sponsor are welcome to come to court and share in this joyous and life-affirming occasion. Graduation from the program will be followed by monitored probation.

## CONCLUSION

The MHC program has been developed to help you achieve stability in your life. The program is designed to promote self-sufficiency and to return you to the community as a productive and responsible citizen.

The judge, probation officer, treatment provider, and community resources are present to guide and assist you, but the final responsibility is yours.

We hope this handbook has been helpful and answered most of your questions. If you have additional questions or concerns about the MHC program, please feel free to contact the MHC probation officer, the MHC coordinator, or your defense attorney.

**GOOD LUCK TO YOU!**

## MHC TEAM MEMBERS

Commissioner Casey Clevenger  
Treatment Court Commissioner  
Boone County Courthouse  
705 East Walnut Street  
Columbia, MO 65201

Clayton VanNurden  
Mental Health Court Administrator  
Alternative Sentencing Center  
607 East Ash Street  
Columbia, MO 65201  
Phone: (573) 886-4157  
Fax: (573) 886-4247

Meckenzie Hayes  
Mental Health Court Probation Officer  
Board of Probation and Parole  
1512 Heriford Drive, Suite A  
Columbia, MO 65202  
Phone: (573) 441-5881  
Fax: (573) 884-7076

Reality House Programs  
P.O. Box 1507  
1900 Prathersville Road  
Columbia, MO 65205  
Phone: (573) 449-8117  
Fax: (573) 874-1225

Burrell Behavioral Health  
1805 East Walnut Street  
Columbia, MO 65201  
(573) 777-7500

Drug Testing Hotline - ESS  
(800) 494-1250

(The recording will not tell you what colors are being called. You would have to know the call-in code of the person who may be called in for drug testing.)

McCambridge Center  
201 N. Garth Ave.  
Columbia MO 65201  
(573) 449-3953

New Horizons  
1408 Hathman Place  
Columbia MO 65201  
(573) 443-0405

## AUTHORIZED OVER-THE-COUNTER MEDICATIONS

### ANALGESICS – PAIN & FEVER RELIEF

Advil  
Aleve  
Alka Seltzer – Original Effervescent Antacid Pain Reliever  
Alka Seltzer – Extra Strength Effervescent Antacid Pain Reliever  
Aspercreme  
Bayer Aspirin  
Ecotrin  
Motrin  
Nuprin  
Orudis KT  
Tylenol

### SKIN CARE

Benadryl Itch Stopping Cream  
Clearasil  
Cortaid  
Cortisone  
Dr. Scholl's  
Ivy Block  
Lotumin AF  
Oxy 10  
Preparation H Anti Itch Cream

### ALLERGY & SINUS PAIN RELIEF

Nasalcrom  
Loratadine  
Dayhist Allergy

### EYE, EAR & MOUTH CARE

Naphcon A  
Ocuhist  
Opcon A  
Vas O Con A

### FEMININE PRODUCTS

Femstat 3  
Gyne Lotrimin 3  
Monistat 7 Crème or Suppositories  
Vagisil Anti Itch Crème  
Vagistat 1

### SMOKING CESSATION

Nicorette  
Nicotrol  
Nicoderm

### COUGH, COLD & FLU MEDICINES

Pertussin DM Extra Strength Cough Relief  
Robitussin  
Robitussin DM  
Luden's Cough Drops  
Hall's Fruit Breezers

### STOMACH MEDICINES

Alka Seltzer – Original Effervescent Antacid Pain Reliever  
Alka Seltzer – Extra Strength Effervescent Antacid Pain Reliever  
Axid AR  
Basaljel  
Beano  
Dul Colax  
Exlax Chocolate  
Exlax Regular Strength  
Fibercon  
Gaviscon Extra Strength Liquid  
Kaopectate  
Maalox Antacid/Antigas Tablets  
Mylanta Liquid  
Mylanta Double Strength  
Mylanta Maximum Strength Liquid  
Mylanta AR  
Pepcid AC  
Rolaids  
Pepto-Bismol  
Phillips Gelcaps  
Phillips Milk of Magnesia  
Tagamet HB  
Tums  
Tylenol Headache plus Extra Strength  
Zantac Z5

### VOMITING & MOTION SICKNESS

Bonnie  
Cola  
Ipecac  
Act dose with Sorbitol  
Charcoaid  
Charcoaid 2000  
Charcoaid Plus DS  
Charco Caps  
Liqui Char  
Actidose – Aqua

### SLEEP AIDS AND STIMULANTS

None

## NOTICE OF PARTICIPATION IN TREATMENT COURT

This notice is to verify that \_\_\_\_\_ is currently participating in  
the Boone County Mental Health Court.  
Participant Name

As a participant, any use of physician prescribed or over the counter medication is not allowed without the knowledge and consent of the Boone County Mental Health Court and monitoring and supervision by treatment providers and/or probation officer.

We would request that you take this into account when prescribing or recommending medication. The undersigned participant and the Boone County Mental Health Court greatly appreciate your consideration of these restrictions as you provide medical or dental treatment to this patient. Please feel free to contact \_\_\_\_\_ at \_\_\_\_\_  
MHC Representative Phone Number  
to discuss any issues relating to this patient and their supervised treatment.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Drug Court Representative

\_\_\_\_\_  
Date

We request that you sign below for our records to ensure our participant is fulfilling his or her responsibility to the court and to the medical provider, by disclosing this information. Thank you.

\_\_\_\_\_  
Attending Physician/Nurse Practitioner/Dentist

\_\_\_\_\_  
Date

## THIRTEENTH JUDICIAL CIRCUIT MENTAL HEALTH COURT CONTRACT

Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

I agree to enter the Mental Health Court Program, and by doing so I understand I will have certain obligations and responsibilities. I will have to follow the orders given to me by the judge, Mental Health Court coordinator, probation manager, and other treatment providers involved in the program.

### CLIENT RESPONSIBILITIES

#### MY RESPONSIBILITIES ARE:

1. I must tell the truth.
2. I must attend all court sessions as ordered.
3. I must maintain my residence in Boone County throughout the length of the program.
4. I must follow the treatment plan as directed by program personnel.
5. I must not violate the law, and I understand that if I engage in any criminal act, I will be prosecuted for the charges pending against me.
6. I must get permission from my probation officer/case manager if I wish to move or change my telephone number or disconnect my telephone.
7. I must get permission from my probation officer/case manager if I wish to change employment.
8. I must get permission from my probation officer/case manager before I leave Boone County.
9. I must not use illegal drugs or alcohol.
10. I must submit urine samples (UAs) and breathalyzers (BACs) for testing upon request.
11. If restitution is owed, I must pay this amount in full as ordered by the court.
12. I understand that I must follow the treatment plan and remain drug free. If I fail to do so, the Mental Health Court may impose additional conditions upon me which can include but are not limited to:
  - a. Increased probation officer/case manager contacts
  - b. Increased community support contacts
  - c. Community service
  - d. Extra individual session in counseling
  - e. Extra group session/group therapy
  - f. Residential treatment / hospitalization
  - g. 48 Hour intensive program
  - h. AA/NA/DRA meetings
  - i. A period of incarceration in the Boone County Jail
  - j. Termination from the program

I UNDERSTAND THAT IF I HAVE NOT ATTENDED TREATMENT, MY MENTAL HEALTH TREATMENT PROVIDER WILL CONTACT MY PROBATION OFFICER IMMEDIATELY.

I FURTHER UNDERSTAND THAT IF I AM TERMINATED FROM THE PROGRAM, MY CONDUCT IN THE PROGRAM MAY BE CONSIDERED BY THE JUDGE AT SENTENCING.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**MENTAL HEALTH COURT  
BOONE COUNTY, MISSOURI  
CONSENT TO RELEASE INFORMATION**

I, \_\_\_\_\_ (Client), authorize the Thirteenth Judicial Court of Boone County, Missouri and the MHC team, my defense counsel, \_\_\_\_\_ (name, firm), Missouri Board of Probation and Parole and its representatives, Job Point Inc., Burrell Behavioral Health Services, New Horizons, Reality House, McCambridge Center, Columbia Police Department, Boone County Sheriff, Boone County Jail, University of Missouri Police Department, New Horizons, Daybreak, Boone County Prosecuting Attorney's Office, Office of State Courts Administrator, Phoenix House Programs, Columbia Housing Authority, Harry S. Truman Veteran's Hospital, Daybreak, Kilgore's, Arrowhead Testing and \_\_\_\_\_ (agency/person) and \_\_\_\_\_ (agency/person) and \_\_\_\_\_ (agency/person) and \_\_\_\_\_ (agency/person) and \_\_\_\_\_ (agency/person) and \_\_\_\_\_ (agency/person) and \_\_\_\_\_ (agency/person)

to communicate with and disclose to one another the following information:

- |   |  |
|---|--|
| <input type="checkbox"/> My name and other personal identifying information   | <input type="checkbox"/> Attendance in alcohol/drug treatment and mental health services                               |
| <input type="checkbox"/> My status as a patient in (alcohol and/or drug) treatment                                  | <input type="checkbox"/> Discharge plans for alcohol/drug treatment and mental health services                         |
| <input type="checkbox"/> Initial and subsequent evaluations of my service needs                                     | <input type="checkbox"/> Date of discharge from alcohol/drug treatment and mental health services and discharge status |
| <input type="checkbox"/> Summaries of alcohol/drug and mental health assessment results and history                 | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Summary of alcohol/drug treatment and mental health service plans, progress and compliance |  |

The purpose of, and need for this disclosure is to inform the court and all other named parties of my eligibility and/or acceptance into MHC, all my diagnoses (mental illness, substance abuse, and all health issues including HIV, hepatitis, etc.), attendance at treatment, cooperation with staff, attitude towards treatment, my benefits from treatment, my prognosis, and evaluation of the Mental Health Court.

Disclosure of this confidential information may be made only as necessary for, and pertinent to MHC.

I understand that my alcohol and/or drug treatment records and mental health records are protected under the Federal regulations governing Confidentiality and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPPA), 45 C.F.R. Parts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

This consent begins \_\_\_\_\_ and ends \_\_\_\_\_.

Participation in the MHC Program is conditioned upon signing the consent form. I understand I will no longer be eligible for the program if I either do not sign the consent or revoke the consent. I understand that generally MHC may not condition my treatment on whether I sign a consent form, but that in certain limited circumstances I may be denied treatment if I do not sign a consent form.

\_\_\_\_\_  
Signature of Defendant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date



**MENTAL HEALTH COURT  
BOONE COUNTY, MISSOURI  
CONSENT TO RELEASE INFORMATION  
To Significant Others**

I, \_\_\_\_\_ (client), hereby consent to communication between the  
MHC Coordinator and \_\_\_\_\_ (family member or significant person/  
relationship to participant).

The purpose of, and need for this disclosure is to verbally inform significant others of the  
participant's physical location in order to coordinate transportation, living arrangements, visiting,  
and other logistical requirements with the participant. (Please specify exact information to be  
released – court dates, legal issues, admission to Mental Health Court, progress in treatment,  
diagnosis, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disclosure of this confidential information may be made only as necessary for, and pertinent to  
Mental Health Court.

I understand that this consent will remain in effect and cannot be revoked by me until there has  
been a formal and effective termination of my involvement with the Mental Health Court, such  
as the discontinuation of all court supervision upon successful completion of the Mental Health  
Court requirements or upon sentencing for violating the terms of my Mental Health Court  
participation.

I understand that any disclosure made in reliance here on, is bound by Part 2 of Title 42 of the  
Code of Federal Regulations governing confidentiality of substance abuse patient records. Under  
this rule, the recipient of this information may disclose it only in connection with his or her  
official duties.

Effective \_\_\_\_\_ and expires \_\_\_\_\_

\_\_\_\_\_  
Signature of Defendant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

## ALTERNATIVE SENTENCING COURT

### URINE TESTING CONTRACT

Recent advances in the science of alcohol/substance detection in urine have greatly increased the ability to detect even trace amounts of alcohol and substance consumption. In addition, these tests are capable of detecting alcohol/substance ingestion for significantly longer periods of time after a usage episode. Because these tests are sensitive, in rare circumstances, exposure to non-beverage alcohol sources can result in detectable levels of alcohol (or its breakdown products). In order to preserve the integrity of the Alternative Sentencing (ASC) testing program, it has become necessary for us to restrict and/or advise ASC participants regarding the use of certain products.

It is ***YOUR*** responsibility to limit your exposure to the products and substances detailed below that contain ethyl alcohol."

It is ***YOUR*** responsibility to read product labels, to know what is contained in the products you use and consume and to stop and inspect these products ***BEFORE*** you use them. ***Use of the products detailed below in violation of this contract will NOT be allowed as an excuse for a positive test result. When in doubt, don't use, consume or apply.***

**Dilutes:** A dilute will not be allowed and can be avoided. Dilutes will be considered positive and will be sanctioned appropriately. If you have questions, contact your probation officer or treatment provider.

**Cough syrups and other liquid medications:** ASC participants have always been prohibited from using alcohol-containing cough/cold syrups, such as Nyquil. Other cough syrup brands and numerous other liquid medications rely upon ethyl alcohol as a solvent. ASC participants are required to read product labels carefully to determine if they contain ethyl alcohol (ethanol). All prescription and over-the-counter medications should be reviewed with your case manager before use. Information on the composition of prescription medications should be available upon request from your pharmacist. Non-alcohol containing cough and cold remedies are readily available at most pharmacies and major retail stores. If you have any questions about a particular product, bring it in to discuss it with your probation officer.

**Non-Alcoholic Beer and Wine:** Although legally considered non-alcoholic, NA beers (e.g. O'Doul's®, Sharps®) do contain a residual amount of alcohol that may result in a positive test result for alcohol, if consumed. ASC participants are *not* permitted to ingest NA beer or NA wine.

**Food and Other Ingestible Products:** There are numerous other consumable products that contain ethyl alcohol that could result in a positive test for alcohol. Flavoring extracts, such as vanilla or almond extract, and liquid herbal extracts (such as Ginkgo Biloba), could result in a positive screen for alcohol or its breakdown products. Communion wine, food cooked with wine, and flambé dishes (alcohol poured over a food and ignited such as cherries jubilee, baked Alaska) must be avoided. Consumption of any food products that contain poppy seeds or creatine supplements is prohibited. Read carefully the labels on any liquid herbal or homeopathic remedy and do not ingest without approval from your probation officer.

**Synthetic Substances:** Any substances which are mood/mind altering are prohibited in the program. Such products as K2 or Spice are prohibited and tested for. If you are unsure about the product, contact your probation officer.

**Mouthwash and Breath Strips:** Most mouthwashes (Listermint®, Cepacol®, etc.) and other breath cleansing products contain ethyl alcohol. The use of mouthwashes containing ethyl alcohol can produce a positive test result. ASC participants are required to read product labels and educate themselves as to whether a mouthwash product contains ethyl alcohol. Use of ethyl alcohol-containing mouthwashes and breath strips by ASC participants is not permitted. Non-alcohol mouthwashes are readily available and are an acceptable alternative. If you have questions about a particular product, bring it in to discuss with your probation officer.

**Hand sanitizers:** Hand sanitizers (e.g. Purell®, Germex®, etc.) and other antiseptic gels and foams used to disinfect hands contain up to 70% ethyl alcohol. Excessive, unnecessary or repeated use of these products could result in a positive urine test. Hand washing with soap and water are just as effective for killing germs.

**Hygiene Products:** Aftershave and colognes, hair sprays and mousse, astringents, insecticides (bug sprays such as Deet and OFF) and some body washes contain ethyl alcohol. While it is unlikely that limited use of these products would result in a positive test for alcohol (or its breakdown products) excessive, unnecessary, or repeated use of these products could affect test results. Participants must use such products sparingly to avoid reaching detection levels. Just as the court requires ASC participants to regulate their fluid intake to avoid dilute urine samples, it is likewise incumbent upon each participant to limit their use of topically applied (on the skin) products containing ethyl alcohol.

**Solvents and Lacquers:** Many solvents, lacquers, and surface preparation products used in industry, construction, and the home contain ethyl alcohol. Both excessive inhalation of vapors, and topical exposure to such products, can potentially cause a positive test result for alcohol. As with the products noted above, ASC participants must educate themselves as to the ingredients in the products they are using. There are alternatives to nearly any item containing ethyl alcohol. Frequency of use and duration of exposure to such products should be kept to a minimum. A positive test result will not be excused by reference to use of an alcohol-based solvent. If you are in employment where contact with such products cannot be avoided, *you need to discuss this with your probation officer*. Do not wait for a positive test result to do so.

Remember! When in doubt, don't use, consume or apply.

**I HAVE READ AND UNDERSTAND MY RESPONSIBILITIES.**

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Participant Signature

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Date

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Witness Signature